THREE LAKES WATER ASSOCIATION

P.O. Box 24, Snohomish, WA 98291-0024
(360) 568-8022 www.3lwa.org
customerservice@3lwa.org

Authorization to Share Billing Information

I hereby give my consent to share my water account billing information with the following person(s) should the individual indicate that they would like to see records.

Name:_____

Address:_____

Phone Number:_____

Please fill out your account information as the shareholder, sign and return this document to Three Lakes Water Association.

Shareholder's Account Number:_____

Shareholder's Name:_____

Shareholder's Service Address:_____

Shareholder's Phone Number:_____

Shareholder's Signature:_____ Date:_____

Please call into the office with any questions.

Sincerely,
Three Lakes Water Association